The YMRS is an 11-item scale used by clinicians to rate the intensity of manic symptoms. This score sheet is intended to help you record both patient and informant information during the YMRS interview.

The purpose of each item is to rate the severity of a patient’s symptoms. Keys with listed criteria are provided as guides for rating each item. When several criteria are given for a particular grade of severity, the presence of only one is required to qualify for that rating.

Scoring between the points given (whole or half points) is possible. This is particularly useful when the severity of a particular item does not directly follow the progression indicated by the keys.

**OF NOTE:** The YMRS can utilize a variety of timeframes to assess patients’ symptoms (7 days, 2 weeks, 48 hours, etc.). The descriptions written here and depicted in the Training/Certification Videos ask questions for a 7-day timeframe. Normally in clinical practice, a 48-hour timeframe is used for the YMRS to measure patients’ symptoms. Therefore, when conducting your own YMRS interviews, you should ask the questions with regards to the past 48 hours.

**YMRS General Conventions**

- Allow enough time for each of the interviews (parent/guardian and child).
- Interview the child first.
- Provide explicit instructions about the purpose and format of the interview.
- Ask all questions with a clear time frame reference (“In the past week”; “In the last 7 days”).
- Ask all questions necessary to determine the appropriate rating.
- Use all available information sources.
- When in doubt between two ratings:
  - **items rated 0-4:** assign the higher score
  - **items rated 0-8:** assign the middle score
- When there is disagreement between the child and the parent’s/guardian’s ratings, presuming both informants are credible, assign the higher rating.
- Extremes of the rating scale should be used whenever appropriate.
- Maintain control of the interview.
- Rate as abnormal if item severity is currently:
  - A change from patient’s normal, but within population norm.
    - (e.g., normally sleeps 10 hours, now sleeps 8 hours.)
  - Reported as no change, but patients’ usual is clearly outside the population normal range.
    - *(e.g., reports lifelong sleep pattern 3 hours/night)*
- Rate “0” only if symptom is completely absent.
- Rate the worst of what is observed and what is reported regardless of cause.
YOUNG MANIA RATING SCALE (YMRS)
GUIDE FOR SCORING ITEMS

Select **ONE** of the choices listed below for each box by putting the appropriate number in the corresponding box.

1. **ELEVATED MOOD**
   Probes for the presence of elevated mood. *Enquires about “high” or elevated mood, euphoria, self-confidence, optimism, and inappropriate humor.*
   - Distinguish between healthy optimism (e.g., a sense that things might be improving) from an overly optimistic viewpoint.
   - Determine if mood is proportionate to circumstances and factor into rating.
   - A rating of 4 should be given if patient is euphoric.

   0 - Absent
   1 - Mildly or possibly increased on questioning
   2 - Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content
   3 - Elevated, inappropriate to content; humorous
   4 - Euphoric; inappropriate laughter; singing

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2. **INCREASED MOTOR ACTIVITY ENERGY**
   Probes for motor excitement, excessive energy, restlessness, and hyperactivity.
   - Determine if the patient was able to function during the past week (e.g., sitting still when required at work, etc.).
   - Consider the patient’s report, parent’s/guardian’s report, and your observation of their restlessness or hyperactivity in the interview.
   - A rating of 4 should be given if the patient (by observation, parent’s/guardian’s report, or patient’s report) could not calm himself/herself if needed.

   0 - Absent
   1 - Subjectively increased
   2 - Animated; gestures increased
   3 - Excessive energy; hyperactive at times; restless (can be calmed)
   4 - Motor excitement; continuous hyperactivity (cannot be calmed)

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3. **SEXUAL INTEREST**

   *Probe for increased sexual interest, whether or not the patient has access to a sexual partner.*

   - Rate increased interest in sex, regardless of patient’s access to sexual partner.
   - If patient does not have access to sexual partner, ask patient if they would have more interest if the opportunity was available, or if patient thought about sex more often.
   - A rating of 4 should be given if patient is overtly sexual during interview, or reports difficulty controlling sexual impulses.

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   | 0 - Normal; not increased |
   | 1 - Mildly or possibly increased |
   | 2 - Definite subjective increase on questioning |
   | 3 - Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report |
   | 4 - Overt sexual acts (toward patients, staff, or interviewer) |

   **Comments:**

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4. **SLEEP**

   *Obtain an estimate of the number of hours of sleep obtained per night during the past week. Also inquire about the amount of sleep that is typical for the patient.*

   - Probe for a decreased need for sleep with a sense of still feeling rested.
   - Obtain the amount of sleep that is most typical for the patient and compare the current sleeping patterns to that amount.
   - A rating of 4 should be given if patient or parent/guardian reports that no sleep was needed.

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   | 0 - Reports no decrease in sleep |
   | 1 - Sleeping less than normal amount by up to one hour |
   | 2 - Sleeping less than normal by more than one hour |
   | 3 - Reports decreased need for sleep |
   | 4 - Denies need for sleep |

   **Comments:**

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5. **IRRITABILITY**

_Probe for increased irritability, anger, and annoyance. Take into consideration both the degree and persistence of reported irritability in the past week, as well as the patient’s behavior in the interview._

- Frequency and intensity of anger and/or annoyance factor into rating.
- Rate degree of annoyance even to justifiable stressors (e.g., school examinations).
- A rating of 8 should be given if patient is irritable or uncooperative during interview or incapable of interacting with others.

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6. **SPEECH (Rate and Amount)**

_Probe for increased speech, both rate and amount. Take into consideration observation and if others commented on the patient’s speech._

- Factor rate and amount of speech and difficulty controlling rate and amount into rating.
- Determine if others commented on patient’s increased rate or amount of speech.
- A rating of 8 should be given if patient, upon observation or report, is pressured and impossible to interrupt.

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7. LANGUAGE - THOUGHT DISORDER
Probes for a range of difficulties with language and thought processes, ranging from mild
distractibility to racing thoughts, flight of ideas, and incoherent communication.

- Frequency, intensity, and impact of distraction should be probed (patient was unable to
  focus on work, conversations, etc.).
- Use clinical judgment to determine patient’s ability to express coherent thoughts and
  any abnormalities in speech during interview.
- A rating of 4 should be given if patient's symptoms prevent communication.

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8. CONTENT
Probes for a wide range of symptoms related to mania, such as starting “special” plans or
projects, seeing special meanings, more involvement in religion or religious insights, a sense
of grandiosity or special abilities, a sense of paranoia, and/or the presence of hallucinations or
delusions.

- Determine if plans or projects were planned/spontaneous, safe/risky, etc.
- Determine if behavior was beyond normal means or patterns (e.g., if patient reports
  impulsive internet shopping, was it within the patient’s resources?).
- Be sure to clarify a patient’s use of the term ‘paranoia’ and to clarify hallucinations.

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9. DISRUPTIVE - AGGRESSIVE BEHAVIOR

*Probe for information related to the patient’s ability to get along with others (e.g., argumentative, demanding or destructive behaviors, etc.).*

- Frequency of sarcastic, loud, or uncooperative behavior factors into rating. Rate > 2 for frequent incidents.
- Any incident that resulted in destructive behavior or shouting should be rated > 2.
- Clinical judgment of patient’s behavior at interview should be factored into the rating.

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0 - Absent, cooperative
2 - Sarcastic; loud at times; guarded
4 - Demanding; threats on ward
6 - Threatens interviewer; shouting; interview difficult
8 - Assaultive; destructive; interview impossible

Comments:____________________________________________________________________________

10. APPEARANCE

*Probe for abnormal appearance and grooming. Patients who are manic may neglect their grooming. Alternatively, they may dress in a flashy, overly fancy, immodest, or bizarre fashion.*

- Item with lowest inter-rater reliability (Young, et al. 1978)
- Determine if there were times during the week when patient neglected grooming, was inappropriately dressed, or had significantly increased/bizarre makeup.
- Rate both deviation from patient’s normal appearance and peer-accepted appearance.
  - **Visit 1**: a patient has slightly messy hair, but is dressed in clean, unwrinkled clothes:
    - Rating: 1.
  - **Visit 2**: same patient has same slightly messy hair and is dressed in wrinkled clothes:
    - Rating: 2.

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0 - Appropriate dress and grooming
1 - Minimally unkempt
2 - Poorly groomed; moderately disheveled; overdressed
3 - Disheveled; partly clothed; garish makeup
4 - Completely unkempt; decorated; bizarre garb
11. INSIGHT

This item enquires about the patient’s explanation for their behavior and insight.

- 0 - Present; admits illness; agrees with need for treatment
- 1 - Possibly ill
- 2 - Admits behavior change, but denies illness
- 3 - Admits possible change in behavior, but denies illness
- 4 - Denies any behavior change

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YMRS: General Reminders

- Ask questions with clear time frame (“In the past week...”; “Over the past 7 days...”).
- Use base questions for each symptom and then follow-up probes as needed.
- Rate symptoms regardless of etiology.

Total Score: ____________________________

Name: ___________________________________

Date: ________________________________